

Fig. 2. Aortic dissection on ascending aorta. (a) Aortic dissection spreads to bilateral carotid arteries. (b) The true lumen of right carotid artery is obstructed by false lumen (black arrow). (c) The intima transversely fissures on right wall of ascending aorta (white arrow).

whole body, in order to make a precise diagnosis. Additionally, the postmortem imaging would also be of benefit for forensic autopsy as one of the complements in complete autopsy. Admittedly, it is debatable whether aortic dissection would have been caused by external force to the chest in the traffic accident, because the cadaver had severe arteriosclerosis in the aorta with concentric cardiac hypertrophy, though this is not relevant to the main subject of this letter.

Conflict of Interest

None declared.

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High rates of homicide are associated with high rates of homicide–suicide

Two recently published studies from South Africa have documented very high rates homicide–suicide. Jena et al. found an annual rate of homicide suicide of 1.0 per 100,000 per annum in Pretoria between 1997 and 2001¹ while Roberts et al. reported an annual homicide–suicide rate of 0.89 per 100,000 population in Durban between 2000 and 2001.² These rates are markedly higher than all but one of the 65 studies we located in a recent systematic review of the associations between rates of homicide, rates of suicide and rates of homicide–suicide (Fig. 1).³ Hansen reported

a rate of homicide suicide of 1.33 per 100,000 from Greenland in the mid 1970s at a time when the total homicide rate was 15.6 per 100,000 and the suicide rate was an extraordinary 45 per 100,000 per year.⁴

Our systematic review and findings of these studies with very high rates of homicide–suicide suggest that high rates of homicide–suicide are associated with high rates of homicide or, as in the case of Greenland high rates of both homicide and suicide. Coid,⁵ Marzuk,⁶ and Milroy⁷ have all argued that rates of homicide–suicide are relatively stable between regions and are weakly associated with the overall homicide rate. However, this is contradicted by degree of variation in homicide–suicide between regions, an association between rates of homicide–

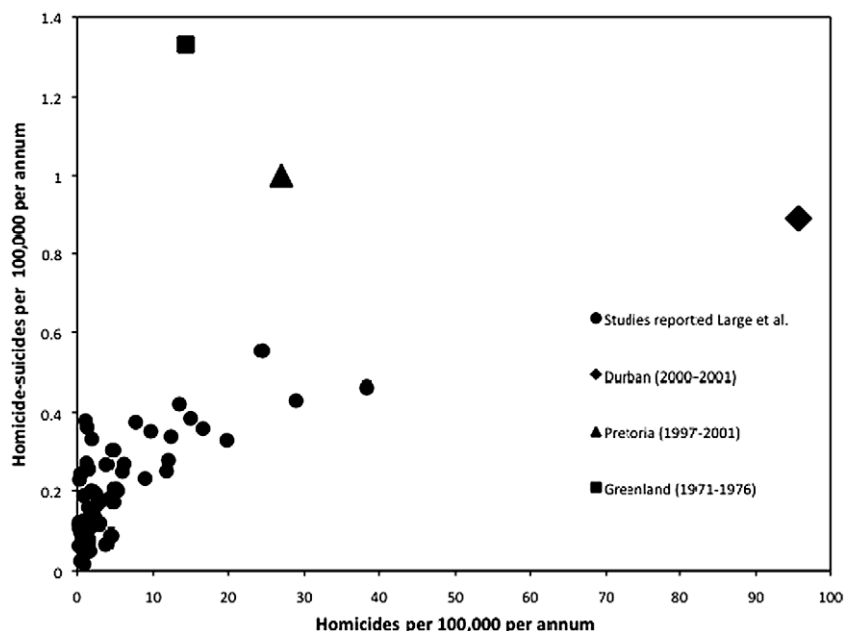


Fig. 1. Homicide–suicide and homicide rates reported in 64 studies, Greenland, Pretoria and Durban.

suicide and rates of total homicide³ and the recent studies from South Africa.^{1,2} In Pretoria, one in 30 homicides involve a homicide–suicide, a similar proportion to that found in the United States of America that has a substantially lower homicide rate than South Africa.³

However, the association between the use of guns, especially handguns held by security guards and homicide suicide events in South Africa is consistent with the finding of comparatively higher rates of homicide–suicide in America where there is a higher level of gun ownership and rate of firearm homicides.³ The particular role of guns in homicide–suicide is readily understood because they provide a highly lethal means to commit both the homicide and the subsequent suicide.

The two South African studies^{1,2} are part of a small number of studies of homicide–suicide from low and middle income countries and are a valuable contribution to the literature about these tragic events. Their findings support the conclusion that measures to reduce homicide would also be likely to reduce homicide–suicide. Restricting availability of guns, either by reduced ownership or by safer weapon storage might be the most useful preventative measures.

Conflict of Interest

None declared.

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